## IOWA DEPARTMENT OF PUBLIC HEALTH BUREAU OF RADIOLOGICAL HEALTH

## PERMIT TO PRACTICE RENEWAL APPLICATION LIMITED NUCLEAR MEDICINE TECHNOLOGIST

Your renewal application is sent approximately 45 days before your permit expires. If you have not received your renewal application from the IDPH, you may submit this application to renew your permit.

Instructions for completing this form:

- 1. Print or type the required information.
- 2. 12.0 hours of continuing education is required every 2 years. Include copies of proofs of completion if this is the year you are required to report hours.
- 3. Send the completed application and proof of CE hours (if applicable) and <u>a \$50 fee</u> in a check or money order made payable to IDPH to:

Iowa Department of Public Health, Bureau of Radiological Health

Lucas State Office Building, 5th Floor, 321 East 12th Street, Des Moines, IA 50319

If you have any questions, please contact: Charlene Craig 515/281-0415; www.charlene.craig@idph.iowa.gov

Applicant's Name:	Home l	Home Phone Number			
Home Mailing Address:	email	email address			
City:	State:_		Zip:		
Date of Birth:	Social Security	· #:			
Current permit to practice number					
<b>Privacy Act Notice</b> : Disclosure of your social security number on this application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.					
Current Employer in radiation therapy:					
Phone number					
Employer's Address:					
City:	State:	_Zip:			

Signatu	are of Applicant	Date	Revised 1-2013
5.		and enclosure(s) is truthful and accurate.	
3. 4.	I understand that submitting false infor	rmation on this application may result in revocation from the categories that I have applied for.	of the permit.
2.		olic record in accordance with Iowa Code chapter ect to the exceptions contained in Iowa law.	22 and that application
1.	I meet the training standards if necessar	· ·	
obligat	13) and Iowa Code § 252J.8(1). The	our social security number on this application is a number will be used in connection with the collegely identify licensees, and may be shared with taxing	lection of child supporting authorities as allowed
7.	If yes, provide a description of the circ		· · · · · · · · · · · · · · · · · · ·
6.	Have any judgments or settlements bee [ ] yes [ ]no If yes, include the date, location, reaso	en paid on your behalf as a result of a professional li	ability case?
5. operato	Have you professional suits ever been or in podiatric radiography? [ ]yes [ ] no If yes, include the date, location, reaso	n filed against you as a result of your performance on, resolution, etc.	e as a x-ray equipmen
	If yes, include date, location, reason, c	current status, etc.	
4. placed		nited States or any other nation ever limited, restri herwise disciplined a professional license or certific	
		ge, court disposition and current status (i.e. probat assault, domestic abuse) include copies of the cha	
3. traffic		entered a plea of no contest to a misdemeanor or fel must answer "yes" even if the matter has been expu	
status. holder.		sician or treatment program that identifies your connent that your condition will not affect your ability	irrent or past treatmen
2.	Have you within the past 5 years engage	ged in the illegal or improper use of drugs or other c	hemical substance? [ ]yes [ ] no
not affe	ect your ability to perform as a permit h		,
	by this application? "Medical condition" rder, including drug addiction and alcoh	which in any way impair or limit your ability to "means any physiological, mental, or psychological tolism.  Indition and submit a letter from a physician stating	condition, impairment [ ]yes [ ] no